

Attorney Docket No. MTI-31269

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants

Yates, et al.

RECEIVED

Serial No.

10/050,390

JAN 0 8 2003

Filing Date

For

January 16, 2002

إد

CSO 2800

Group Art Unit:

2812

281

Method for Enhancing Electrode Surface Area in DRAM Cell Capacitors

Confirmation No.:

6193

CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being:

Mailing

deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

37 CFR 1.8(a)

37 CFR 1.10

☐ with sufficient postage as first class mail ■ As "Express Mail Post Office to Addressee" Mailing Label No. EV 048319558 US

Transmission /

transmitted by facsimile to Fax No____ addressed to Examiner __ at the US Patent and Trademark Office.

Assistant Commissioner for Patents

Washington, D.C. 20231

TRANSMITTAL

- 1. <u>Transmitted herewith is:</u>
 - Preliminary Amendment
 - Replacement Claims (27 sheets)
 - Blacklined Claims (27 sheets)
 - Return Postcard

STATUS

2. Applicant is a large entity.

JAN -8 2093 TECHNOLOGY CENTER 2800

OBS RINGS CONNESS OF WALL SAID



The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

- [X] Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor.
- [] Applicant petitions for an extension of time under 37 C.F.R. 1.136 for the total number of months checked below [fees: 37 C.F.R. 1.17(a)(1)-(4)]:

	Extension (months)	for other than l entity		Fee for small entity	
[]	one month	\$ 110.00	\$	55.00	
[]	two months	\$ 390.00	\$	195.00	
[]	three months	\$ 890.00	\$	445.00	
[]	four months	\$ 1,390.00	\$	695.00	
			Fee:	\$0.00	

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Claims Remain After Amendm	_		Highest No. Previously Paid For		Rate (Small Entity)	Additional Fee or	Rate (Large Entity)	Additional Fee
Total	189	Minus	159	=	x 9=\$	\$	30 x 18	\$540.00
Independent	26	Minus	23	=	x 42= \$	\$	3 x 84	\$252.00

FIRST PRESENTATION OF MULTIPLE DEP CLAIM

TOTAL	or	TOTAL .	
ADDIT. Fee \$		ADDIT. FEE	\$ 7922.0

- c. [] No additional fee for claims is required.
- d. [X] Total additional fee for claims required \$792.00

FEE DEFICIENCY

5. [X] If any additional extension and/or fee is required, charge Account No. 23-205

[X] If any additional fee for claims is required, charge Account No. 23-2053.

Date: <u>January 3</u>, 2003

Kristine M. Strodthoff, Reg. No. 34,259

Whyte Hirschboeck Dudek S.C. 111 East Wisconsin Avenue Suite 2100 Milwaukee, WI 53202 (414) 273-2100 Customer No. 31870

MKE/814231.1